WAPCOS LTD. BIO DATA

File No. 5/224/INFS-III-Haryana -Exp

Date: 04.08.2025

Affix Your Recent Passport Size Colour Photograph

Post applied for "PMA for the RDSS project in UHBVN	on fixed t	term appointme	ent basis fo	or work relating to		
1. Name of Candidate (as recorded in Matriculation or equivalent certificate)						
2. Father's Name (as recorded in Matric	culation or e	quivalent certific	ate)			
3. Mother's Name (as recorded in Matri	culation or e	equivalent certific	cate)			
4. Sex 5. Religion						
6. Marital Status (If married name of spouse) (Spouse Name & Nationality) Married Unmarried						
7. a). Date of Birth b). Birth Place/District c). Birth State/UT D D M M Y Y Y Y Compared to the state of Birth birth Place of Birth State of Birth State of Birth State of Birth State of Birth birth State of Birth State of Birth						
d). Nationality e). Mother Tongue						
f). Age as on date (31/07/2025): Year	Mo	onths	_Days			
8. a). Domicile b). Blood group c). Identification Marks						
9. Whether belongs to:						
	inority P	PWBMD		General		
10. Languages Known:						
Language Read	V	Write	Speak			

11.	Acaden	nic/Pro	ofessio	onal (Qualific	ations:
-----	--------	---------	---------	--------	----------	---------

Sr.	Name of	Year o		iv/Board	Subjects	Marks	% of	
No.	Examination	on Passin	g			obtained	marks	
								
12 1	Lighagt quali	fication cogning	d in Hind	:.				
2. I	Hignest quan	fication acquire	ea in Hina	1:				
3.	Γraining rece	ived if any:						
14. I	Evnerience 20	on 31 07 2025	(Dlassa o	iva dataile	thereof, use sepa	rate sheet if re	auired)	
.4. 1	experience as	S UII 31.U7.2U23	(1 lease g	ive uctans	mereor, use sepa	rate sheet if it	equireu)	
Organization		Perio	od	Design	Designation &		Scale of Pay/ Gross	
		From	То		ption of Duties	Salary		
		110111	10					
						+		
						+		
. ~ ,	~ 1	A 11						
15. (Corresponder	ice Address:						

Phone.....

Phone.....

17	PAN:
1/.	1 /111.

- 18 Aadhar No.:
- 19. Guardian/Emergency Contact No.:
- 20. Contact Mobile No.:

16. Permanent Address:

- 21. Valid E.Mail ID:
- 22. Passport No.:
- 23. Any other information:

Information must be filled against each column clearly. In case incomplete application, the same will not be considered.

I solemnly declare that the above information is true/correct and I understand that in the event of the information found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date Signature